

Fax #: (305) 883-5871

Name of Business

Tax ID Number

Over please... ➡

Contact Person		
_____	_____	_____
First Name	M.I.	Last Name

Title		

Occupational License
City of Hialeah Occupational License Number (if applicable)

Principals and Ownership (Names, titles and % ownership if any.)			
First Name	M.I.	Last Name	Ownership
_____	_____	_____	_____ %
Owner			
_____	_____	_____	_____ %
President			
_____	_____	_____	_____ %
Vice President			
_____	_____	_____	_____ %
Treasurer			
_____	_____	_____	_____ %
Secretary			

Relationship to City of Hialeah
Are any of the owners or principals in the firm a City of Hialeah employee?
<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes", enter that person's name and Social Security Number.
Name: _____
SSN: _____ - _____ - _____

Bonding
Have you been required to obtain bonding in the last year?
<input type="checkbox"/> Yes <input type="checkbox"/> No
Indicate the highest amount of any single bond obtained:
\$ _____

Classification of Employees					
	Number of Non-Minorities		Number of Minorities		Total In Class
Professional / Managerial	_____	+	_____	=	_____
Technical	_____	+	_____	=	_____
Clerical / Administrative	_____	+	_____	=	_____
Craftsmen and / or Laborer	_____	+	_____	=	_____
Total (Add the above numbers)	_____	+	_____	=	_____

Primary Business Classification	
<input type="checkbox"/> Authorized Distributor for Brand Name or Manufacturer	<input type="checkbox"/> Services
<input type="checkbox"/> Manufacturer or Producer	<input type="checkbox"/> Sub Contractor
<input type="checkbox"/> Prime Contractor	
<input type="checkbox"/> Retailer	
<input type="checkbox"/> Other (Specify) _____	

Other Affiliate
<input type="checkbox"/> Parent Company <input type="checkbox"/> Subsidiary
<hr/> <div style="text-align: center;">Name of Firm</div>
<hr/> <div style="text-align: center;">Street Address</div>
<hr/> <div style="display: flex; justify-content: space-between;"> City State Zip Code </div>

Minority
Are you a minority owned business? <div style="text-align: center;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </div>

Largest Single Job
What is the dollar volume of the largest single job you have done in the past year?
<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> \$1.00 - \$250.00 <input type="checkbox"/> \$5,001.00 - \$10,000.00 <input type="checkbox"/> over - \$50,000.00 </div>
<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> \$251.00 - \$5,000.00 <input type="checkbox"/> \$10,001.00 - \$50,000.00 </div>